



Send completed forms to  
DOH Communicable  
Disease Epidemiology  
Fax: 206-418-5515

LHJ Use ID \_\_\_\_\_  
☐ Reported to DOH Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
LHJ Classification ☐ Confirmed  
☐ Probable  
By: ☐ Lab ☐ Clinical  
☐ Other: \_\_\_\_\_  
Outbreak # (LHJ) \_\_\_\_\_ (DOH) \_\_\_\_\_

DOH Use ID \_\_\_\_\_  
Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_  
DOH Classification  
☐ Confirmed  
☐ Probable  
☐ No count; reason: \_\_\_\_\_

## Anthrax (skin, lung, GI)

County \_\_\_\_\_

### REPORT SOURCE

Initial report date \_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation  
start date:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter name \_\_\_\_\_

Reporter phone \_\_\_\_\_

Primary HCP name \_\_\_\_\_

Primary HCP phone \_\_\_\_\_

### PATIENT INFORMATION

Name (last, first) \_\_\_\_\_

Address \_\_\_\_\_ ☐ Homeless

City/State/Zip \_\_\_\_\_

Phone(s)/Email \_\_\_\_\_

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Occupation/grade \_\_\_\_\_

Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

### CLINICAL INFORMATION

Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Derived

Diagnosis date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Illness duration: \_\_\_\_ days

#### Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ **Fever** Highest measured temp: \_\_\_\_ °F  
Type: ☐ Oral ☐ Rectal ☐ Other: \_\_\_\_ ☐ Unk

☐ ☐ ☐ ☐ Flu-like symptoms

☐ ☐ ☐ ☐ **Cough** Onset date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ Chest pain

☐ ☐ ☐ ☐ **Difficulty breathing**

☐ ☐ ☐ ☐ Diarrhea Maximum # of stools in 24 hours: \_\_\_\_

☐ ☐ ☐ ☐ **Bloody diarrhea**

☐ ☐ ☐ ☐ **Abdominal cramps or pain**

☐ ☐ ☐ ☐ **Coal-black scab surrounded by non-tender, swollen rim**

#### Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ **Respiratory distress**

☐ ☐ ☐ ☐ **Mediastinal widening on chest x-ray**

☐ ☐ ☐ ☐ Regional lymphadenopathy

Location: \_\_\_\_\_

☐ ☐ ☐ ☐ **Cutaneous ulcer with edema and black eschar**

☐ ☐ ☐ ☐ **Oropharyngeal mucosal lesion**

☐ ☐ ☐ ☐ **Sepsis syndrome**

☐ ☐ ☐ ☐ Admitted to intensive care unit

☐ ☐ ☐ ☐ **Cutaneous anthrax**

☐ ☐ ☐ ☐ **Inhalation anthrax**

☐ ☐ ☐ ☐ **Gastrointestinal anthrax**

#### Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name \_\_\_\_\_

Admit date \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_

Y N DK NA

☐ ☐ ☐ ☐ Died from illness Death date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ Autopsy Place of death \_\_\_\_\_

#### Vaccinations

Y N DK NA

☐ ☐ ☐ ☐ Anthrax vaccine in past

Date of last vaccination (mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Laboratory

P = Positive O = Other, unknown  
N = Negative NT = Not Tested  
I = Indeterminate

Collection date \_\_\_\_/\_\_\_\_/\_\_\_\_

P N I O NT

☐ ☐ ☐ ☐ ☐ **B. anthracis culture (clinical specimen)**

☐ ☐ ☐ ☐ ☐ **Anthrax electrophoretic immunotransblot reaction to protective antigen and/or lethal factor bands (serum obtained after symptoms onset)**

☐ ☐ ☐ ☐ ☐ **B. anthracis fluorescent assay (clinical specimen)**

### NOTES

**INFECTION TIMELINE**

Enter onset date (first sx)  
in heavy box. Count  
backward to determine  
probable exposure period

Days from  
onset:

Exposure period\*

-7 -1

o  
n  
s  
e  
t

Calendar dates:

\* This may extend up to 60  
days in unusual cases.

**EXPOSURE (Refer to dates above)**

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or  
outside of usual routine  
Out of: ☐ County ☐ State ☐ Country  
Dates/Locations: \_\_\_\_\_  
\_\_\_\_\_
- ☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
- ☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**
- ☐ ☐ ☐ ☐ Attended social gatherings or crowded setting
- ☐ ☐ ☐ ☐ Hunted or skinned animals
- ☐ ☐ ☐ ☐ Contact with animal carcass Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ ☐ ☐ ☐ Contact with unprocessed animal product  
☐ Hair ☐ Wool ☐ Hide ☐ Bones ☐ Raw meat  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ ☐ ☐ ☐ Any contact with animals at home or elsewhere  
Cattle, cow or calf ☐ Y ☐ N ☐ DK ☐ NA  
Goat ☐ Y ☐ N ☐ DK ☐ NA  
Sheep ☐ Y ☐ N ☐ DK ☐ NA  
Other: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Wildlife or wild animal exposure  
Specify: \_\_\_\_\_

Y N DK NA

- ☐ ☐ ☐ ☐ Other animal exposure  
Specify animal: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Consumed raw or undercooked meat  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ ☐ ☐ ☐ Outdoor or recreational activities (e.g. gardening,  
hunting, camping, yard work)
- ☐ ☐ ☐ ☐ Inhalation of dust from soil, grain, or hay
- ☐ ☐ ☐ ☐ Employed in laboratory
- ☐ ☐ ☐ ☐ Work with animals or animal products (e.g.  
research, veterinary medicine, slaughterhouse)  
Specify animal: \_\_\_\_\_
- ☐ ☐ ☐ ☐ Works handling/opening mail, packages,  
shipments Location: \_\_\_\_\_  
Handled suspicious mail ☐ Y ☐ N ☐ DK ☐ NA  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
In room with suspicious mail ☐ Y ☐ N ☐ DK ☐ NA  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Nearby when suspicious mail opened  
☐ Y ☐ N ☐ DK ☐ NA  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ ☐ ☐ ☐ Other occupational exposure  
☐ Veterinarian ☐ Agricultural worker  
☐ Wildlife worker ☐ Other: \_\_\_\_\_

☐ Patient could not be interviewed

☐ No risk factors or exposures could be identified

Most likely exposure/site: \_\_\_\_\_

Site name/address: \_\_\_\_\_

Where did exposure probably occur? ☐ In WA (County: \_\_\_\_\_) ☐ US but not WA ☐ Not in US ☐ Unk

**PATIENT PROPHYLAXIS / TREATMENT**

Y N DK NA

- ☐ ☐ ☐ ☐ Antibiotics prescribed for this illness Antibiotic name: \_\_\_\_\_  
Date/time antibiotic treatment began: \_\_\_\_/\_\_\_\_/\_\_\_\_ AM PM # days antibiotic actually taken: \_\_\_\_\_

**PUBLIC HEALTH ISSUES**

Y N DK NA

- ☐ ☐ ☐ ☐ Potential bioterrorism exposure
- ☐ ☐ ☐ ☐ Biohazard issues
- ☐ ☐ ☐ ☐ Outbreak related

**PUBLIC HEALTH ACTIONS**

- ☐ Notify blood or tissue bank
- ☐ Initiate trace-back investigation
- ☐ Educate on proper disposal of animal carcass (no necropsy)
- ☐ Biohazard protocol
- ☐ Report to agriculture department
- ☐ Follow-up/prophylaxis of laboratorians exposed to specimen
- ☐ Other, specify: \_\_\_\_\_

**NOTES**

Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_

Investigation complete date \_\_\_\_/\_\_\_\_/\_\_\_\_

Local health jurisdiction \_\_\_\_\_

Record complete date \_\_\_\_/\_\_\_\_/\_\_\_\_